

SUPPLEMENTAL INFORMATION - EXPERT OR CONSULTANT

(Submit with request for Personnel Action, SF-52)

1. NAME OF PERSON (<i>Last, first, middle initial</i>)	2. TOTAL PERIOD FOR WHICH APPOINTMENT IS REQUESTED (<i>entire year (365) days or a shorter period.</i>)
3. MAILING ADDRESS	4. APPROXIMATE NUMBER OF DAYS PERSON IS EXPECTED TO PERFORM SERVICES DURING THIS PERIOD.
5. SERVICES TO BE PERFORMED	
A. EXPLAIN IN FULL THE SERVICES TO BE PERFORMED:	

B. SPECIFY WHAT DUTIES WILL BE ASSIGNED THAT WILL INVOLVE THE PERSON IN THE TRANSACTION OF BUSINESS ON BEHALF OF THE GOVERNMENT WITH ANY PROFIT OR NON-PROFIT ORGANIZATION.

C. SPECIFY WHAT DUTIES WILL BE ASSIGNED THAT WILL INVOLVE THE PERSON IN THE RENDERING OF ADVICE TO THE GOVERNMENT WHICH WILL HAVE DIRECT AND PREDICTABLE EFFECT ON THE INTERESTS OF ANY PROFIT OR NON-PROFIT ORGANIZATION.

6. SPECIAL QUALIFICATIONS OF THE PERSON RECOMMENDED FOR APPOINTMENT (*List those which relate specifically to the services to be performed.*)

NOTE: Complete required certification on other side of form.

CERTIFICATION

In approving the appointment of this consultant/expert, I have considered the requirements of law, relevant decisions of the Comptroller General and Office of Personnel Management and Department policies and instructions. More specifically, I have satisfied myself that:

1. the services of the individual are essential for effective program management
2. the duties to be performed are those of (check one)

_____ a consultant (that is, they are purely advisory in nature and will not include the performance or supervision of operating functions)

_____ an expert (that is, they require a high level of expertise not available in the regular work force)
3. the proposed appointee is qualified to (check one)

_____ provide advisory services as a consultant

_____ serve as an expert as that term is used in FPM Chapter 304-1
4. the appointment is appropriately designated as (check one)

_____ intermittent (the individual will work occasionally and irregularly)

_____ temporary (the individual will work on a regular basis for temporary period)
5. the appropriate appointment authority is being used
6. the pay level is appropriate for the duties to be performed and the qualifications of the appointee
7. the record of appointment has been clearly documented to show the services to be performed and the special qualifications of the appointee which relate specifically to those services
8. a statement of employment and financial interests has been obtained and it has been determined that no conflict of interest exists.

Date

Signature of Program Manager Authorized to Obtain the Consultant's/Expert's Services). This certification relates particularly to items 1, 2, 3, 6, 7, and 8.

Date

Signature of Appointing Official (This certification relates particularly to items 2 through 8)